

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/857789**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		①		1			55						
6		1		1			56						
7		①		1			57						
8		①		1			58						
9	1		1				59						
10		1		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		4		1			64						
15		①		1			65						
16		1		1			66						
17		1		1			67						
18							68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			17				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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